

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/746604

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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36						
37						
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42						
43	1					
44						
45						
46						
47	1					
48						
49	1					
50						
TOTAL IND.	10					
TOTAL DEP.	45					
TOTAL CLAIMS	55					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy